

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jeff G. GREGER et al.  
Title: FOLDABLE SWING HAVING  
ROTATABLE HANDLE  
Appl. No.: Unknown  
Filing Date: 03/19/2004  
Examiner: Unknown  
Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (31 pages).

☒ Formal drawings (25 sheets, Figures 1-30).

☒ Unexecuted Declaration and Power of Attorney (4 pages).

☐ Assignment of the invention to Graco Children's Products Inc.

☐ Assignment Recordation Cover Sheet.

☐ Small Entity statement.

☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

☐ Information Disclosure Statement.

☐ Form PTO/SB/08 with copies of \_\_\_\_ listed reference(s).

☒ Application Data Sheet (37 CFR 1.76).

☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	23	- 20	= 3	x \$18.00 =	\$54.00
Claims:					
Independents	4	- 3	= 1	x \$86.00 =	\$86.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of			+	\$130.00 =	\$130.00
Executed Declaration and late payment of filing fee					
				SUBTOTAL: =	\$1040.00
[ ] Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$1,040.00

[ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.

[ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 19, 2004

By Mary Michelle Kile

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